

# State of New Hampshire

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Business ID: 558645  
William M. Gardner  
Secretary of State

Fee for Form SRA: \$50.00  
Filing fee: \$50.00  
Total fees \$100.00

Form No. LLC 1  
RSA 304-C:12

Use black print or type.

Form must be single-sided, on 8 1/2" x 11" paper;  
double sided copies will not be accepted.

## CERTIFICATE OF FORMATION NEW HAMPSHIRE LIMITED LIABILITY COMPANY

THE UNDERSIGNED, UNDER THE NEW HAMPSHIRE LIMITED LIABILITY COMPANY LAWS  
SUBMITS THE FOLLOWING CERTIFICATE OF FORMATION:

FIRST: The name of the limited liability company is Palm View Crossing, LLC

SECOND: The nature of the primary business or purposes are \_\_\_\_\_  
to own, develop, operate, and lease residential and/or  
commercial real estate of all kinds and descriptions.

THIRD: The name of the limited liability company's registered agent is \_\_\_\_\_  
Mario Plante

and the street address, town/city (including zip code and post office box, if any) of its registered office is  
(agent's business address) \_\_\_\_\_  
9 Old Derry Road, Hudson, New Hampshire, 03051

FOURTH: The latest date on which the limited liability company is to dissolve is none.

FIFTH: The management of the limited liability company is vested in a manager or managers.

Dated May 15, 2006

\*Signature: \_\_\_\_\_

Print or type name: Mario Plante

Title: Manager

(Enter "manager" or "member")

\*Must be signed by a manager; if no manager, must be signed by a member.

DISCLAIMER: All documents filed with the Corporation Division will be publ

State of New Hampshire  
Form LLC 1 - Certificate of Formation 2 Page(s)



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Effective  
6/2/06  
2:40pm

**Form SRA – Addendum to Business Organization and Registration Forms**  
**Statement of Compliance with New Hampshire Securities Laws**

**Part I – Business Identification and Contact Information**

Business Name: Palm View Crossing, LLC

Business Address (include city, state, zip): 9 Old Derry Road, Hudson, NH 03051

Telephone Number: (603) 883-9769 E-mail: jennie@saveonwall.com

Contact Person: \_\_\_\_\_

Contact Person Address (If Different): \_\_\_\_\_

**Part II – Check ONE of the following items in Part II** If more than one item is checked, this form will be rejected.  
[PLEASE NOTE: Most small businesses registering in New Hampshire qualify for the exemption in Part II, Item 1 below. However, you must insure that your business meets all of the requirements spelled out in A), B) and C)]:

1. ☒ Ownership interests in this business are exempt from the registration requirements of the state of New Hampshire because the business meets ALL of the following three requirements:
- A) This business has 10 or fewer owners; and
  - B) Advertising relating to the sale of ownership interests has not been circulated; and
  - C) Sales of ownership interests – if any – will be completed within 60 days of the formation of this business.
2. ☐ This business will offer securities in New Hampshire under another exemption from registration or will notice file for federal covered securities. Enter the citation for the exemption or notice filing claimed - \_\_\_\_\_.
3. ☐ This business has registered or will register its securities for sale in New Hampshire. Enter the date the registration statement was or will be filed with the Bureau of Securities Regulation - \_\_\_\_\_.
4. ☐ This business was formed in a state other than New Hampshire and will not offer or sell securities in New Hampshire.

**Part III – Check ONE of the following items in Part III:**

1. ☒ This business is not a New Hampshire corporation or limited partnership. (ALL LLC's should check this item.)
2. ☐ This business is a New Hampshire corporation or limited partnership and the articles of incorporation or certificate of limited partnership states whether capital stock or interests will be sold or offered for sale.

**Part IV – Certification of Accuracy**

(NOTE: The information in Part IV must be certified by: 1) all of the incorporators of a corporation to be formed; or 2) an executive officer of an existing corporation; or 3) all of the general partners or intended general partners of a limited partnership; or 4) one or more authorized members or managers of a limited liability company; or 5) one or more authorized partners of a registered limited liability partnership or foreign registered limited liability partnership.)

I (We) certify that the information provided in this form is true and complete. (Original signatures only)

Name (print): Mario Plante Signature: Mario Plante

Name (print): Denyse Plante Signature: Denyse Plante

Name (print): \_\_\_\_\_ Signature: \_\_\_\_\_

Date: May 15, 2006